

BAKER & BOTTS, LLP.
A3453 CT-USA - 072667.0175

COUNTRY	APPLICATION NO.	RADEMARK	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Europe	99420030.1		09/02/99		[] YES NO []
					[] YES NO []
					[] YES NO []
LL FOREIGN AP	PLICATION[S], IF ANY, FILED	MORE THAN 12 MONTHS (6 N	MONTHS FOR DESIGN) PRIOR	TO SAID APPLICATION	
					[] YES NO []
					[] YES NO []
					[] YES NO []

### Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date
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### Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or ICT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filling date of the prior application(s) and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status) (patemed, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status) (patemed, pending, abandoned)

(Application Serial No.)

(Filing Date)

Power of Attorney

SEND CORRESPONDENCE TO: BAKER & BOTTS J.L.P.

30-ROCKEEELLER PLAZA, NEW YORK, N.Y. 10112

\CUSTOMER NUMBER: 21003

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# COMBINED DECLARATION

## AND POWER OF ATTORNEY

(Original Design stational Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

This declaration is of the following type:

national stage of PCT.

 $\Pi$  :

F) 63

[XI]

original

design

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### A METHOD FOR INHIBITING THE EXPRESSION OF TARGET GENES IN PLANTS

1 2 40	uivis	ionai	
0.9	conti	nuation	
00	conti	nuation-in-part (C-I-P)	
thesp	ecifica	ation of which: (complete (a), (b), or (c))	
(a)	[]	is attached hereto.	
(b);i	[X]	was filed on August 6, 2001 as Application Serial No. 09/890,779 and was amended on	(if
applic	able).		
(c)-	[X]	was described and claimed in PCT International Application No. PCT/EP00/01524 filed Febr	uary
9,200	<u>0</u> on	and was amended on (if applicable).	
ru.			

Acknowledgment of Review of Papers and Duty of Candor

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations  $\S$  1.56.

[] In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

#### Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

(complete (d) or (e))

- (d) [] no such applications have been filed.
- (e) [X] such applications have been filed as follows:



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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are between the best of the solic; and further that these statements were made with the knowledge that willful false statements and the best of made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME	
OR FIRST INVENTOR	WERR	WOLFGANG		
RESIDENCE &	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
CITIZENSHIP	Köln	Germany	Germany	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY TY. 1	STATE or COUNTRY ZIP CODE	
•	Institute für Entwicklungsbiologie,	Köln 144	Germany	D-50923
	Universität zu Köln			
DATE	SIGNATURE OF INVENTOR			
4 18.10.01	1 0 Wolfe- le	Qln/		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME / ( ) J /	FIRST NAME	MIDDLE NAME	
RÉSÎDENCE & CUTEZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS CITY		STATE or COUNTRY	ZIP CODE
DATE VII	SIGNATURE OF INVENTOR			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	LAST NAME	IRST NAME MIDDLE NAME		
RESIDENCE & CILLENSHIP	CITY	STATE or FOREIGN COUNTRY COUNTRY OF CITIZE		HIP
POST OFFICE ADDRESS FILE	POST OFFICE ADDRESS	CITY	STATE of COUNTRY	ZIP CODE
DÅ₩	SIGNATURE OF INVENTOR			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	AST NAME FIRST NAME		MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СІТУ	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE of COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			

Check proper box(es) for any added page(s) forming a part of this declaration

Signature for ninth and subsequent joint inventors. Number of pages added

[] Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added

[] Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.